Office of National Drug Control Policy (ONDCP)
National Youth Anti-Drug Media Campaign

Communication Strategy Overview

March 17, 1998

Campaign Goal

- To educate and enable America's youth to reject illegal drugs.[1] This includes preventing the initiation of drug use and encouraging occasional users to discontinue use.

Target Audiences

1. **Youth ages 9 to 18**[2], segmented by:

   - School level: Primary focus on middle school age adolescents (approximately ages 11 to 13).[3]

     Secondary focus on high school age youth (approximately ages 14 to18) and late elementary school age adolescents (approximately ages 9 to 11).[4]

   - Risk status: Primary focus on at-risk non-users[5] and occasional users[6] of drugs.

   And with consideration, as appropriate, of:

   - Gender differences.[7]

   - Racial and ethnic differences. [8]

   - Differences based on region and population density (i.e., urban, suburban and rural areas).

2. **Parents and other primary caregivers of children ages 9 to 18**[9], segmented by:

   - Age of children: Primary focus on parents/caregivers of middle school age adolescents.

     Secondary focus on parents/caregivers of high school age youth (approximately 14-18 years) and late elementary school age adolescents (approximately 9-11 years).

   And with consideration, as appropriate, of:

   - Racial and ethnic differences.[10]

   - The special concerns of current and former substance users.[11]

3. **Other youth-influential adults** (e.g., other adult family members, teachers, principals, coaches, faith community members, youth group leaders, mentors, health care providers, celebrities).

Communication Objectives for Youth Audiences[12]

1. Instill the belief that most young people do not use drugs.[13]

2. Enhance perceptions that using (specific) drugs is likely to lead to a variety of negatively valued consequences:[14]

   - Social consequences (e.g., looking "uncool" or having other negative social qualities, alienating friends, incurring disapproval of peers, losing trust of parents and siblings, having a negative influence on younger siblings).[15]

   - Psychological consequences (e.g., reduced ability to concentrate, feeling lazy and unmotivated, "losing control," making bad decisions).

   - Aspirational consequences (e.g., losing driving privileges/license, losing other privileges granted by parents, failure to get good grades or to graduate, losing a job or not being hired for a job)

   - Physical consequences (e.g., loss of stamina or peak performance ability, weight gain, addiction, death).

3. Enhance perceptions that a drug-free lifestyle is more likely to lead to a variety of positively valued consequences: [16]

    - Social consequences (e.g., being "cool" and socially attractive, gaining peer approval and respect, forming deeper friendships, building trust of parents, being a role model for younger siblings).

    - Physical consequences (e.g., enhanced physical performance).

    - Aspirational consequences (e.g., gaining increasing control over one's life, having a positive self-image, achieving excellence, reaching one's goals).

4. Enhance personal and social skills that promote resistance to drug use and positive lifestyle choices. These include decision-making skills, problem-solving skills, adaptive and coping skills, resistance to persuasive influences (e.g., critical viewing skills/media literacy), and general social and assertiveness skills.

5. Reinforce positive uses of time (as behavioral alternatives to drug use).

Communication Objectives for Parent/Primary Caregiver Audiences

1. Enhance perceptions of harm associated with adolescent use of marijuana and inhalants.[17]

2. Make parents aware that their children are at risk for using drugs and are vulnerable to the negative consequences of drug use.[18]

3. Enhance perceptions of personal efficacy to prevent adolescent drug use (i.e., let parents know that their actions can make a difference).[19]

4. Convey simple, effective parenting skills, including communication and family management skills, that are known to help prevent adolescent drug use.

    Communication skills include:

    - Discuss what the adolescent did each day after school and praise appropriate activities.[20]

    - Establish and clearly communicate drug non-use expectations.[21]

    - Use anti-drug media campaign messages (e.g., televised advertisements) as a catalyst for discussion and message reinforcement.[22]

    - Provide positive reinforcement when the adolescent initiates communication about drugs.[23]

Family management skills include:

- Establish specific routines focused on the situations most likely to lead to substance use, particularly after-school hours. Specifically, ensure that adolescents are usually occupied during after-school hours by requiring that their homework be done or that they participate in adult-supervised recreational activities.

- Stay involved in and actively monitor the adolescent's activities (e.g., know his or her friends and the parents of the friends, and communicate with those parents to stay better informed of the adolescent's activities).[24]

- Establish rules that decrease the likelihood of the adolescent being in situations that are conducive to drug use. Specifically, prohibit the adolescent from spending time with friends in anyone's home when there are no adults present, and discourage or prohibit any unsupervised association with other adolescents who use drugs. Establish and consistently apply a curfew and have rules regarding keeping a parent informed of whereabouts at all times.

- Encourage compliance with these rules by consistently applying mild negative consequences for infractions.

5. Encourage specific community-focused actions:

   - Inquire about, and insist, that an effective anti-drug program be implemented at the adolescent's school.[25]

   - Take action to support community anti-drug activities.

6. Encourage parents who use psycho-active substances to consider the effects of their own substance use on their adolescents and other children.[26]

Communication Objectives for Other Youth-Influential Adults

1. Enhance perceptions of harm associated with use of marijuana and inhalants.[27]

2. Enhance perceptions of personal efficacy to prevent drug use (i.e., let youth-influential adults know that their actions can make a difference).

3. Encourage specific individually-focused and community-focused actions to facilitate adolescent drug use prevention:

   - Communicate to youth the harmful (social, physical, and aspirational) consequences of using specific drugs.

   - Communicate to parents the need to take specific actions to prevent youth drug use. (See parent audience communication objectives.)

   - Advocate for effective anti-drug programs in schools and communities.

   - Take action to support community anti-drug activities.

Proposed Allocation of Campaign Resources

Youth audiences:	
• Middle school	25%
• Late elementary school	12.5%
• High school	12.5%
Sub-total	50%
Parent/caregiver audience	40%
Other youth-influential adults	10%

Strategic Campaign Design Principles

- Because family-focused prevention efforts have a greater impact than efforts focused only on youth or parents and primary caregivers, the campaign should target both audiences. Moreover, the communication objectives for youth and parent/caregiver audiences should be complimentary and synergistic.

- The campaign messages must reinforce prevention messages delivered in other settings including schools, community organizations, and homes, and be linked to existing prevention resources in communities.[28] This can be accomplished, in part, by developing a communication strategy based on approaches that have been proven effective and are accepted in these settings. It can be further accomplished by encouraging community organizations, professional groups, and government agencies to incorporate the communication strategy into their new and on-going programs.[29]

- To achieve the maximum effect, the campaign should use a full range of media mechanisms and formats in an integrated fashion and in a manner consistent with the communication strategy.[30]

- To ensure effectiveness, all message executions should be pre-tested with diverse members of the target audience before final distribution. Moreover, where there is cause to think that messages targeted to a particular audience group can produce unintended negative consequences among other audiences, messages should also be tested with non-target audience members.

- The campaign must be sustained for a sufficient period of time in order to bring about a measurable change in the beliefs and behaviors of the target audiences.

- The central messages of the campaign should be repeated often and in a variety of ways. Repetition is important to enhance exposure and availability; variety is important to capture the range of perspectives among audience members, and so that the message will not be perceived as annoying or "stale."

- Messages for both youth and parent/caregiver audiences should focus in large measure on common transitions (e.g., the transition from elementary school to middle school) and situations (e.g., when large amounts of time are spent in settings unsupervised by a responsible adult) that are known to heighten adolescents' vulnerability to drug use initiation.

- The communication objectives for the campaign should focus on altering those mediating variables (including knowledge, beliefs and behaviors) that are known to have a significant impact on adolescent drug use.[31]

- The campaign should feature strong integrating elements to build "brand identity" in the minds of target audience members. Integrating features may include a campaign name and a logo or other graphical icon. These integrating or "branding" features can effectively position campaign messages as credible and important; in time, the "branding" features themselves can convey an anti-drug message.

- Message executions should be informed by insights from audience research, behavioral science, and the expertise of communication professionals with experience in communicating successfully to the target audience.

Message Execution Considerations Pertinent to All Audiences

- Messages should be tailored to match the age and the social and psychographic profile of the target audience[32]. As far as possible, however, messages should be designed to be sensitive to the sensibilities of different audience groups so that they have wider appeal and applicability.

- The more audience members can be engaged to actually think about the message (including imagined or actual rehearsal of the recommended behavior), the more likely they are to experience appropriate changes in knowledge, attitudes, and behavior.[33] Characteristics of message executions that encourage active attention include unusual, unfamiliar and novel presentations of the information, presentations in discrepant or unexpected contexts, and specific cues requesting audience members to attend to the information.[34]

- Clearly demonstrating peers modeling performances of the recommended behaviors and/or experiencing the (negative or positive) consequences of these actions is one of the most effective means of enhancing viewers' skills, confidence to use those skills, perceptions of consequences, and motivations.[35]

- Fear appeals can be effective, but only in combination with messages that heighten viewers' feeling of vulnerability to the threat and offer them a solution that is easy and effective.[36]

Message Execution Considerations for Youth Audiences

- Messages produced with high "sensation value" are more effective in attracting the attention and interest of youth in the target audiences.[37] High "sensation value" production qualities include novelty, complexity, intensity, ambiguity, unconventionality, suspense, fast pace, and emotionality.[38] However, message properties such as ambiguity and rapid pacing can inhibit comprehension of message content, particularly with younger children. Thus, the use of these elements should be tempered by consideration of the age and cognitive capacities of the target audience.

- The use of peer models, especially socially attractive peer models, is an excellent means gaining the attention and interest of youth audience members. The attributes of socially attractive peer models include good looks, a sense of humor, an outgoing personality, having many friends (including older friends), and being popular with members of the opposite sex, getting good grades, liking "cool music," and being good at sports and video games.[39] However, the peer models used in messages should not be overly attractive "models" that the average teenager cannot identify with.

- Young people tend to pattern their expectations and behaviors based on what they observe among slightly older peers (i.e., students one or several grades ahead). To take advantage of this "looking up" phenomenon, messages that use peer modeling should feature young people who are a few years older that than members of the intended target audience.

- Peer togetherness is highly valued by young people. Conversely, separateness and being different are perceived as negatives. Themes of togetherness may be an effective means of communicating the positive social consequences of drug non-use, and themes of loneliness a means of communicating the negative consequences of use.[40]

- Although teenagers want to "belong" and "fit in" they don't want to be like everyone else.[41] Teenagers are striving to carve out a unique identity for themselves, and like to think that they are independent thinkers who have reached their own conclusions. Thus, advertisements that place the facts before them without explicitly exhorting them to subscribe to the message are likely to be well received. Similarly, advertisements that present and market a certain image without explicitly stating the desirability or undesirability of that image are likely to have a better impact than those that are too obvious.[42]

- Audience research suggests the following "rules" for teen advertising: be funny; be honest; be clear; be original; use music that audience members really like; say or show an important benefit of the product; don't talk down; don't try too hard to be cool; and feature people who are about the same age as the intended audience.[43]

- Messages should use language that is familiar to adolescents of that age group. However, there are large variations in slang among subgroups of teens, so that using anything but the most basic "teenspeak" can backfire and be perceived as inappropriate.[44] Also, teen slang should only come from the mouth of teens. Any adult efforts to appropriate teen terminology may be seen as condescending or ridiculous.

- Given the need for universal messages and the multicultural perspective of youth culture, where possible, messages should feature youth with diverse ethnic backgrounds.

Message Execution Considerations for Adult Audiences

- Although risk analogies can be useful (i.e., explaining a poorly understood risk by comparing it to another more commonly understood risk), such comparisons must be done with caution. The two risks compared should have certain qualities in common, otherwise audience members are likely to reject both the risk comparison and the message.[45]

- People often have difficulty understanding quantitative expressions of risk (e.g., "a one in three chance"), yet qualitative expressions of risk (e.g., "many") are understood in vastly different ways by different people. Messages that attempt to convey risk information should, when possible, use both quantitative and qualitative expressions to increase audience comprehension.[46]

- People underestimate the cumulative probability that an event will occur (e.g., the odds of wrecking a car by the time you are 18 if you drive under the influence several times per year), even if they correctly understand the odds that the event will occur on any one occasion. Expressing cumulative probabilities can be an effective means of enhancing the perceived relevance of a risk.[47]

- People are in varying stages of readiness to adopt the recommended behaviors. Messages intended for people who are not yet ready to adopt the behavior should focus mostly on enhancing the perceived relevance of the recommendations, and enhancing audience member's confidence in their ability to enact the recommendations. Messages intended for people who are ready to act should focus more on the skills and other information necessary to effectively perform the recommended behaviors.[48]

[1] Youth rejection of illegal drugs will be measured both behaviorally and attitudinally. Drug use incidence and prevalence rates will be used to assess the behavioral component of rejection. Disapproval of drug use and risk perception will be used to assess the attitudinal components of rejection.

[2] There is relative consensus among drug use prevention experts that there is little to be gained by a media campaign targeting youth under the age of 9 years. Children younger than 9 years are firm in their anti-drug convictions, but too young to acquire the attitudes, skills and beliefs that they will need to resist pressures to use drugs in later years. Similarly, adolescents over the age of 18 are excluded from the audience definition for this campaign because the majority of drug use initiation occurs among younger adolescents.

[3] This prioritization of target audiences is based on the prevalence of drug use among adolescents of different ages. According to the most recent Partnership Attitude Tracking Study (PDFA, 1997), only 5% of 4th-6th graders have tried marijuana, and fewer than that have tried other drugs. By contrast, 27% of 7th-8th graders say they have tried marijuana, a 5-fold increase in drug use over the 2-3 years of middle school. Clearly, the transition from 6th to 7th grade marks a big "jump" in the drug use statistics. Developmentally too, the transition from pre-teens to teens (in 7th or 8th grade) marks a time of confusion and exploration, which leaves adolescents especially susceptible to trial of "grown-up" or "adventurous" behaviors (CSAP, 1991).

Not surprisingly, there are large differences in the attitudes of 4th-6th graders, 7th-8th graders and 9th-12th graders. As children progress from elementary school to middle school (or junior high), the perception that marijuana trial is risky drops dramatically – 78% of 4th-6th graders think it is "very dangerous" to try marijuana, compared with 22% of 7th-8th graders (PATS Youth and Teen Studies, 1997). Even as adolescents are becoming more receptive to drugs, the availability of illicit substances, and their exposure to them rises dramatically. While only 18% of 4th-6th graders say they can get marijuana easily, 37% of 7th and 8th graders say so. And more than half (52%) of 7th-8th graders say they have friends who use marijuana, compared to14% of 4th-6th graders. (PATS Youth and Teen Studies, 1997)

All these statistics suggest that the middle school years are a critical time for educating children about the dangers of drug use, and persuading them not to use these substances.

[4] A secondary target audience for this campaign are high school age youth (approximately ages 14-18). The available data on drug use suggest that the transition from middle to high school is also accompanied by a dramatic rise in drug use statistics. The incidence of past year marijuana use rises from 22% among 7th-8th graders to 41% among 9th-10th graders and 48% among 11th-12th graders. As one might expect from these data, when children move to high school, there is a decline in perceived risk of marijuana use, and a sharp increase in the availability of and exposure to drugs. Only 7% of 9th-10th graders and 5% of 11th-12th graders say that most teens in their schools don't smoke marijuana. Sixty three percent of 9th-10th graders and 78% of 11th-12th graders say that they can get marijuana very easily.

Late elementary school age adolescents are also a secondary target audience for the campaign. Most early adolescents have strong anti-drug attitudes and a poor image drug users (PATS, Youth 1997). However, it is important to reinforce their anti-drug attitudes so that they can better resist psychological, social and environmental pressures to use drugs in later years. This "inoculation" will be the thrust of the campaign for this audience.

[5] The conceptual definition of an at-risk non-user is a person who has not started using illegal drugs but has behavioral, psychological or environmental attributes that clearly indicate an increased risk of initiation. The operational definition of an at-risk non-user is an adolescent who has never used marijuana or inhalants, but has used either tobacco or alcohol in the past year, scores in the top 50th percentile on a measure of sensation seeking, or has a close friend or sibling who currently uses drugs.

Cigarette and alcohol consumption are important behavioral risk factors for use of marijuana and other illegal drugs (Clayton & Ritter, 1985; Newcomb & Bentler, 1988; National Household Survey on Drug Abuse, 1995; National Survey of American Attitudes on Substance Abuse II, 1996). Based on a meta-analysis of 242 studies of risk factors in drug use, Hansen (1997) concluded that prior substance use behavior is the single most important predictor of drug use by an adolescent. The same study concluded that the second most important set of predictor variables was drug use by close friends and siblings. Thus, drug use by peers and siblings has been included in the definition of 'at-risk' youth for this campaign.

Sensation seeking is a personality trait associated with the need for novel, complex, ambiguous and emotionally intense stimuli (Zuckerman, 1979). Research on adults and adolescents has demonstrated strong links between this trait and use of licit and illicit psychoactive substances. High school students who score high on measures of sensation seeking are 3-4 times as likely as low sensation seeking students to report that they used marijuana in the last month, and 5-10 times more likely to report using other drugs such as cocaine, uppers and downers (Donohew, 1990). Sensation seeking is also negatively correlated with negative attitudes towards the use of various drugs (Hoyle et. al., in Press).

The operational definition of an at-risk non-user should be considered an interim definition. ONDCP is considering commissioning a secondary analysis of an appropriate data source to determine the optimal final definition.

[6] For this campaign, occasional users are defined as adolescents who have used any illicit drug between one and nine times in the past twelve months. Adolescents who have used drugs more than nine times in the last year are considered regular users. Although campaign messages will not be specifically developed to reach regular users, this does not exclude current regular users from the reach and impact of the campaign.

The proposed operational definition of an occasional user should be considered an interim definition. ONDCP is considering commissioning a secondary analysis of an appropriate data source to determine the optimal final definition.

[7] Gender is one of the most consistent risk factors for drug use, with boys initiating illicit drug use earlier and continuing to use more drugs throughout high school, although there is a trend towards convergence in later years (Johnston, O'Malley, & Bachman, 1993; Newcomb, Maddahian, Skager, & Bentler, 1987). Recent studies have shown that there are significant gender differences in susceptibility to and protection from situations of risk (Turner, et al., 1995). For example, drug use in girls is closely associated with early puberty (Wilson et al., 1994), perceptions of the self as physically unattractive (Page, 1993), and pathological attitudes about eating (Communicating to Youth about Drugs, Alcohol and Tobacco, 1997). These findings suggest that girls may be using drugs for different reasons than boys, and would be influenced by different anti-drug messages. For example, focus groups conducted with youth ages 9-16 revealed that girls are much more concerned about the fact that marijuana use leads to weight gain than are boys (ONDCP focus groups, Oct-Dec 1997). Thus messages that highlight this negative consequence of using marijuana are likely be more salient for girls than for boys.

Another reason to target messages by gender is that boys and girls have different media habits. Studies have shown that boys and girls like different kinds of advertisements and watch different kinds of programs (Teenage Marketing and Lifestyle Study, 1995).

[8] Botvin,
Training Program indicating that "tailoring interventions to specific populations can increase their

interventions (e.g., Johnson & Yancey &
several culturally targeted interventions have been implemented (e.g., *By Our Own Hands* (CSAP), *Generations* (EDC), *Keep Your Head Up*! (NCREL), *Telling Our Story* (CSAP)).

A message that is designed around cultural themes and motifs is likely to be more relevant to an ethnic audience, and allows the health message to be linked with community pride and self-esteem. Further, there is evidence to show that risk and protective factors may be slightly different among ethnic populations (Kumpfer, 1997), and these unique factors can be addressed in culture-specific programs and messages. And finally, there are important differences in the media habits and preferences of youth of different ethnic groups.

Conversely, general messages (i.e., not culturally tailored) have also been shown to be effective, and often no differences are seen in their effects on minority and mainstream populations. Messages should be designed, where possible, to be sensitive to the sensibilities of different ethnic groups, so that they appeal to a wider audience. Moreover, cultural tailoring of messages should not occur at the expense of task-specific content (e.g., modeling of the recommended behavior). For this campaign, the same communication objectives have been identified for different racial and ethnic audiences, but ethnic differences will be an important consideration in message execution and in the channels used to reach these audiences.

[9] There is a robust and growing body of research to confirm that parents' actions play a crucial role in protecting adolescents from drug use and a wide variety of other risky behaviors (Baumrind, Moselle & Martin, 1985; Bry, 1988; Carnegie Council on Adolescent Development, 1995; Newcomb and Felix-Ortiz, 1992; Resnick et. al, 1997; Spoth, Yoo, Kahn, & Redmond, 1996). Researchers have identified specific parenting practices that are known to be effective not only in helping to prevent the use of illicit substances, but also in helping to prevent tobacco and alcohol use, academic failure, and involvement in other high-risk behaviors (Ary, et al., in press; Barrera, Ary, & Biglan, under review; Biglan, et al., 1995; Biglan, et al., 1997; Dishion & McMahon, under review; Dishion, Reid, & Patterson, 1988). Moreover, interventions that teach parents these task-specific parenting behaviors and general child-management skills have been shown to reduce adolescent drug use and other problem behaviors (Bank, Marlowe, Reid, & Patterson, 1991; Dishion & Andrews, 1995; Spoth, Redmond & Shin, in Press; Spoth, Redomond & Lepper, in press; Szapocznik & Kurtines, 1989).

[10]Many of the reasons that were given for segmenting youth audiences by ethnicity also apply to their parents. To reach these audiences effectively, messages much acknowledge the customs and values of different ethnic groups, and the special challenges of parenting adolescents in the context of a mainstream culture that is different from one's own. Moreover, ethnic minorities generally give less credence to the mainstream media, and are best reached through more targeted channels (Communicating to Youth About Drugs, Alcohol and Tobacco, 1997). Thus ethnic membership has implications for determining message content, message design, and delivery channels.

[11] According to the National Study Of American Attitudes on Substance Abuse II (CASA, 1996), children who know that their parents currently use or have used marijuana are at greater risk for drug use. The authors suggest that this is because these parents sub-consciously convey to their children that marijuana use is benign, and they feel unwilling to take a strong stance against an activity that they did (or do) themselves. Parental attitudes towards drugs are also known to be important predictors of drug use in children (Johnson & Pandina, 1991; Newcomb & Bentler, 1989; Needle, Su, & Doherty, 1990).

These findings are reinforced by focus group research conducted by the Partnership For A Drug-Free America with parents of 13-15 year-olds (April 1994). Parents who have tried marijuana in the past have

some ambivalence towards the drug and do not perceive it to be as dangerous as other drugs. They recall their own experiences with marijuana fondly, and often view it as a rite of passage into adulthood; yet they do not want their own children to use drugs and feel uncertain about whether or not to disclose their drug use to their children.

Parents who are current users of illicit and licit drugs not only convey their tolerance for substance use, they also actively model these behaviors for their children (Bandura, 1986).

[12] In addition to these objectives, the following communication objective may be considered for this campaign, based on additional audience research –

> To encourage audience members to state publicly (to parents, siblings, and peers) their intentions not to use drugs.

Encouraging trial behavior is the most reliable means of facilitating both consumer and health behavior changes, especially when the trial leads to a positive outcome. Even though abstinence from drug use is a non-behavior, young people can nevertheless "try" the behavior by publicly stating their intentions not to use drugs. Such trials will reinforce intentions to adopt the behavior (viz., refraining from using drugs) to the extent that the behavioral trial elicits positive rewards. Parents, other youth-influential adults, and peers should be encouraged to respond positively to such proclamations. Public proclamations about intentions to not use drugs were an important component of the Midwestern Prevention Program (Johnson et al., 1990), and are commonly used by organizations such as Alcoholics Anonymous.

For a variety of reasons, including lack of evidence as to its potential impact and concern that messages executed against the objective will be rejected by target audience members, the Campaign Design Expert Panel felt that this communication objective should not be incorporated into the campaign. Additional evidence indicating its potential efficacy, however, would necessitate reconsideration.

[13] Adolescents tend to overestimate the prevalence of drug use and rarely discuss it with each other (Falco, 1992). Although teenagers believe that over 70 percent of their peers smoke "weed", more than half of teenagers (56 percent) report that they have never tried marijuana (PATS, 1997). Focus groups conducted by the Partnership For A Drug-Free America (1994) revealed that marijuana users are especially likely to exaggerate the prevalence of marijuana use among their classmates. The "silent majority" of non-users is thus vulnerable to an extremely powerful and subtle form of peer pressure that encourages marijuana use "because everyone else is doing it."

Many recent successful interventions have incorporated normative education elements which are designed to correct young people's misperception that most of their peers use drugs. These include the Life Skills Training program (Botvin, Baker, et al., 1995), the Adolescent Alcohol Prevention Trial (Hansen and Graham, 1991), Project SMART (Hansen et al., 1988) and Project ALERT (Ellickson & Bell, 1990).

Although tested and proven with middle school age adolescents, this objective may not be appropriate for older adolescents. Given the high rates of drug use among high school age adolescents, it may not be perceived as credible by this audience. Further, young people may not be swayed by the message that most of their peers do not use drugs, so long as they are convinced that the really "cool" teenagers use them. Thus messages about the prevalence of drug use should also convey a socially desirable image of non-using peers.

[14] Johnston, Bachman and colleagues have demonstrated that perceived risks and disapproval of drug use are reliable predictors of drug use behavior, and that changes in these factors within the youth population reliably precede changes in drug use prevalence (Bachman, Johnston, O'Malley, & Humphrey, 1988; Bachman, Johnston, & O'Malley, 1990; Johnston, O'Malley, & Bachman, 1996). The perception that

drug use is risky has been declining since 1993 (PATS, 1997). Johnston (1997) suggests that this is due, in part, to a sharp decline in anti-drug media activities beginning in the early 1990s. The current cohorts of pre-teens and early teens have not been adequately exposed to the risks of drug use. Johnston (1997) argues that this decline in perception of risk may have lead to the recent upswing in drug use.

[15] The current generation of prevention programs is based on the Social Influence model which recognizes the role of social factors (such as social norms and peer influences) in the initiation of drug use. Highlighting the psycho-social consequences of drug use has been shown to be effective in discouraging drug use (Hansen, et al., 1988).

[16] According to a segmentation study conducted by the Partnership For A Drug-Free America (1994), a large proportion of early teens (69%), and close to half of all teenagers (42%), are non-users, with a strong perception that drug use is risky. These young people are socially well-adjusted and are more likely to be influenced by anti-drug messages. The Partnership calls them their "loyal franchise" and suggests that maintaining this loyal franchise and giving them the tools to resist pressures to use drugs is an important part of all anti-drug campaigns. Their research shows that messages that highlight the benefits of non-use are most effective with this group (PDFA, 1996).

[17] Although nearly all parents dread the thought that their children may get involved with 'hard' drugs, many parents do not fully appreciate the dangers associated with "soft" drugs such as marijuana and inhalants. Nearly a quarter of the parents surveyed by the National Survey of American Attitudes on Substance Abuse II (CASA, 1996) said that they would regard marijuana use by their child as a part of growing up.

This objective is particularly important for parents who are current or former users of marijuana, as are a large proportion of Baby-Boomer parents. Many of these parents report having difficulty reconciling their past drug use and its corresponding lack of harm with their current desire to prevent their children from using drugs. These parents need to be made aware that the risks of marijuana use today are far greater than was the case when they (as young adults) use marijuana in the 1970s and 1980s. (Also see Note #21)

[18] Although most parents recognize the seriousness and pervasiveness of adolescent drug use, they tend to underestimate or deny the possibility that their own child might use drugs (PDFA focus groups, April 1994; Black, 1991). It seems that parents are well aware of the fact that licit and illicit drugs are commonly used by teenagers, but very few parents admit that their own children participate in these activities (National Study of American Attitudes on Substance Abuse II, 1996). The impact of most anti-drug messages is attenuated by this "self-positivity" bias – a general underestimation of the probability of "bad things" happening to oneself or to one's family (Taylor & Brown, 1988). Thus, enhancing the personal relevance of drug-related issues is an important communication objective for this campaign.

[19] Despite the research which shows the strong protective effect of family and parental variables (Newcomb & Felix-Ortiz, 1992; Resnick et. al, 1997), many parents feel overwhelmed by environmental risk factors and believe themselves to be incapable of protecting their children. In one recent survey, 40% of parents agreed that once a child becomes a teenager, parents have very little influence over his or her decision to smoke, drink or use illegal drugs (National Survey of American Attitudes on Substance Abuse II, CASA, 1996).

[20] Providing parents with information about a child's behavior at school, and teaching them to reinforce their children for appropriate behaviors (such as completing their homework) are important goals of the Adolescent Transitions Program. This parent-focused program has been shown to be effective in reducing

problem behavior, coercive parent-child interactions, and substance abuse (Dishion, Kavanagh, and Soberman, in press; Dishion, Kavanagh, and Keisner, in press).

[21] Although peers are a primary influence on drug use initiation, parental disapproval of drug use is a major reason *not* to use drugs (Coombs, Paulson, & Richardson, 1991). Focus groups conducted for this campaign confirmed that disappointing or angering one's parents if found using drugs is an important reason why pre-teens and teenagers choose not to use drugs (ONDCP focus groups, Oct-Dec 1997). Parents should thus make their opposition to drug use clear to their children.

A large proportion of Baby-Boomer parents are former substance users. Many of these parents report having difficulty reconciling their past drug use with their current desire to prevent their children from using drugs. Further, they open themselves up to accusations of hypocrisy when they admonish their children not to use drugs. Dr. Lloyd Johnston of the Institute for Social Research at the University of Michigan has suggested the following ten "talking points" to help parents who used marijuana to reconcile their own feelings and communicate their non-use expectations to their children:

- We all make mistakes. "We all make some bad judgements when we were kids, and just because I made some mistakes doesn't mean that it's a good idea for you to repeat them."

- If we knew then what is known now. "We didn't know nearly as much about the consequences of marijuana and other drugs use then when we were teenagers; and, if we had known then what we know now, we might/would have made quite different decisions."

- It's a different drug now. "The marijuana today is a lot stronger than what people were smoking in the sixties and early seventies. The same is true for cocaine and heroin, both of which are dramatically more potent today."

- The dangers associated with moving to other drugs are greater now. Nearly all young people who use any of the other illicit drugs, or so called "hard drugs," begin by using marijuana. But the dangers associated with progressing to these other drugs is greater today than it used to be. There are *more* dangerous drugs around now, like crack, ice, PCP, and Rohypnol. Moreover, some of the old drugs – in particular heroin and cocaine – are more dangerous now because they are much more pure, which makes both addiction and overdose deaths more probable.

- People start using younger today. In the earlier years of the drug epidemic most people who tried marijuana or other drugs began when they were in their twenties, and subsequently when they were in their late teens. People who use today may begin when they are in their early teens or even younger. We know that those who start younger get into considerably more trouble with their eventual drug use, and they also tend to end up having more of the other problems associated with drug use.

- The world is a more dangerous place than it used to be. Young people today face more serious hazards in their larger environment than young people did just a generation ago. Today, young people can be exposed to AIDS, a deadly disease, as well as a number of other serious STD's like herpes and genital warts that were far less common then. Violence levels also are higher, including sexual assault. Having impaired judgement and awareness, as occurs with the use of drugs, is simply more risky in these dangerous times.

- Adolescence is an important period of physical development. Early adolescence is a time when a lot of physical growth is still taking place, so whatever effects the various drugs may have – and we don't yet now what all of them are by any means -- may be magnified during this vulnerable stage of physical maturation.

- Adolescence is an important period of social and emotional development. During adolescence youngsters are doing a lot of very important social and psychological maturation. They are deciding who they are as individuals, differentiating themselves from their parents and others, developing plans and aspirations in their lives, learning to get along with others and form friendships, and learning to get along with the opposite sex and to be comfortable and confident in their own sexual identity. They are also trying to perform well academically so they will be able to reach some of their long-term goals, such as being admitted to college, performing well in college, and getting a good job. These are important tasks in this stage in life, and being high much of the time is detrimental to completing these tasks. These tasks can also be anxiety provoking, and drugs are often used to escape the anxiety and the tasks leaving some of the important work of adolescence undone.

  Drugs can rob youngsters of energy and the ability to concentrate and perform. They can lead to decline of interest in constructive activities and other interests. It's a high price to pay.

- There are known adverse physical consequences. There are many physical consequences already known to be associated with drugs, and we are leaning about more of them every day.

- Addiction means loss of control. We all want to remain in control of our own lives to a considerable degree – adolescents in particular. Becoming dependent on a drug means loss of control over the use of that drug, which in turn, can lead to a loss of control over a lot of other aspects of your life. It often leads to stealing from the people most important to you – your family and friends – and to chronically lie to them. It can make you feel very badly about yourself.

[22] The effects of media messages on youth depend on parents' interactions with their children. Parents can attenuate the negative influences and accentuate the positive influences of media messages by discussing the message content with their children and countering or reinforcing as appropriate (Moschis, 1987).

[23] Parental horror of drug use might actually discourage some teens from having open discussions with their parents on the topic of marijuana (PDFA focus groups with parents and teenagers, 1994).

[24] Resnick et al. (1997) found that parent-child connectedness and school connectedness were important protective factors against all kinds of risky behaviors including drug use. Lack of parental monitoring has been shown to be a factor in several health risk behaviors including substance abuse (Biglan, et al., 1995; Dishion & McMohan, under review).

[25] Although few parents are willing to take responsibility for drug-related problems in their schools and communities, it has been shown that parents who do feel responsible for these problems are less likely to have children who use drugs (National Survey of American Attitudes on Substance Abuse II, 1996).

[26] Parents are the first and most important role models for children, and their behavior affects the behavior of their children at least as much as their words do, if not more. In focus groups, adolescents repeatedly assert that parents cannot effectively tell their children not to use drugs if they are users (ONDCP focus groups, Oct-Dec 1997). Since most adolescents also regard cigarette and alcohol use as drug use (ONDCP focus groups, Oct-Dec 1997), parents who smoke and drink in front of their children are unintentionally setting a bad example for them.

[27] The National Survey of American Attitudes on Substance Abuse III (CASA, 1997) indicates that fewer principals and teachers than students feel that occasional use of marijuana is harmful.

[28] Wallack, & DeJong, 1995.

[29] One of the most important principles of effective health campaigns and social marketing programs is the need to deliver a consistent message about "the product" through all channels involved in its promotion,

placement, and pricing (Andreasen, 1995; Hornik, 1997). For example, the National High Blood Pressure Education Program, one of the most effective public health campaigns in American history, devoted significant effort to ensure that the media, health professionals, industry and government agencies were all promoting a set of consistent recommendations about detection and treatment of hypertension. The consequence was a dramatic decline in death due to strokes over the course of the campaign.

[30] Sloboda & David, 1997.

[31] In a 1997 resource paper for the U.S.H.H. S. Secretary's Youth Substance Abuse Initiative, William Hansen described two critical assumptions in data-driven approaches to anti-drug media campaigns:

- Programs must operate by changing *mediating variables* (i.e., reducing risk factors or promoting protective factors)
- Only programs that target and change mediating variables that have been shown to account for drug use in a statistically meaningful way have the potential to successfully impact drug use behavior.

[32] For a discussion of the importance of message tailoring and the dimensions on which an audience might be segmented, the reader is referred to the following: Flynn, Worden, et al., 1994; Maibach & Cotton, 1995; Palmgreen, et al.,1995.

[33] For a detailed discussion of the effects of active processing on the impact of a message, the reader is referred to: Maibach & Flora, 1993; Petty, Baker, & Gleicher, 1991.

[34] Parrot, 1995.

[35] Bandura, 1997

[36] Hale & Dillard, 1995.

[37] Lorch, et al., 1994.

[38] Donohew, Palmgreen & Lorch, 1994.

[39] These suggestions are based on recommendations in Teenage Research Unlimited's Teenage Marketing & Lifestyle Study (based on survey responses from 2,043 youth ages 12-19) and the 1996 Sports Illustrated For Kids Omnibus Study (based on survey responses of 625 youth ages 9 to 13).

[40] Teenage Research Unlimited, 1995; Zollo, 1995.

[41] Zollo, 1995.

[42] This recommendation is based on PDFA creative briefing documents, 1997.

[43] Zollo, 1995.

[44] Zollo, 1995.

[45] Holtgrave, Tinsley, & Kay, 1995.

[46] Holtgrave, Tinsley, & Kay, 1995.

[47] Holtgrave, Tinsley, & Kay, 1995.

[48] Maibach & Cotton, 1995.